

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 175531	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 02/28/2014
Name of Facility ATCHISON SENIOR VILLAGE		Street Address, City, State, Zip Code 1419 N 6TH ST ATCHISON, KS 66002

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4)	Item	(Y5)	Date	(Y4)	Item	(Y5)	Date	(Y4)	Item	(Y5)	Date
			Correction Completed				Correction Completed				Correction Completed
ID Prefix	F0253		02/28/2014	ID Prefix	F0279		02/28/2014	ID Prefix	F0315		02/28/2014
Reg. #	483.15(h)(2)			Reg. #	483.20(d), 483.20(k)(1)			Reg. #	483.25(d)		
LSC				LSC				LSC			
			Correction Completed				Correction Completed				Correction Completed
ID Prefix	F0323		02/28/2014	ID Prefix	F0329		02/28/2014	ID Prefix	F0371		02/28/2014
Reg. #	483.25(h)			Reg. #	483.25(i)			Reg. #	483.35(i)		
LSC				LSC				LSC			
			Correction Completed				Correction Completed				Correction Completed
ID Prefix	F0428		02/28/2014	ID Prefix	F0441		02/28/2014	ID Prefix			
Reg. #	483.60(c)			Reg. #	483.65			Reg. #			
LSC				LSC				LSC			
			Correction Completed				Correction Completed				Correction Completed
ID Prefix				ID Prefix				ID Prefix			
Reg. #				Reg. #				Reg. #			
LSC				LSC				LSC			
			Correction Completed				Correction Completed				Correction Completed
ID Prefix				ID Prefix				ID Prefix			
Reg. #				Reg. #				Reg. #			
LSC				LSC				LSC			
Reviewed By		Reviewed By		Date:		Signature of Surveyor:				Date:	
State Agency											
Reviewed By		Reviewed By		Date:		Signature of Surveyor:					
CMS RO											
Followup to Survey Completed on: 01/10/2014				Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO							